



## North Carolina Department of Health and Human Services

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Craig L. Gray, MD, MBA, JD, Director

November 12, 2010

### MEMORANDUM

**TO:** Legislative Oversight Committee Members  
Local CFAC Chairs  
NC Council of Community Programs  
County Managers  
State Facility Directors  
LME Board Chairs  
Advocacy Organizations  
MH/DD/SAS Stakeholder Organizations  
Commission for MH/DD/SAS  
State CFAC  
NC Assoc. of County Commissioners  
County Board Chairs  
LME Directors  
DHHS Division Directors  
Provider Organizations  
NC Assoc. of County DSS Directors

**FROM:** Dr. Craig L. Gray  
Steven Jordan SS

**SUBJECT:** Implementation Update #82  
CS Authorizations  
Authorization Reminder for: CST, IIH, DT, CS  
PRTF/In-Patient Authorization Request Forms  
Adverse Determination Notification Changes  
Additional SOC Training Site Added  
CST, IIH, Day Tx Training Requirements  
Utilization Review for CAP/MR-DD Services  
CAP/MR-DD Residential/Home Support Services  
Rules for CABHA Posted  
Performance Bonds for CABHAs  
Peer Support Service Status

### Community Support Authorizations

Community Support authorizations will be end-dated no later than December 31, 2010, regardless of the start date of an authorization. Currently, persons receiving Community Support services are receiving the services only for case management, except in cases where rehabilitative services under Community Support continue through EPSDT exceptions. Recipients currently receiving Community Support services should be transitioned by January 1, 2011, to the appropriate rehabilitative or case management service.

Community Support will no longer be a covered service under Medicaid as of January 1, 2011. Therefore, all new requests for this service for recipients under 21 years of age are considered **non covered services** requests and should be requested on the Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years Old following Early Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines. The guidelines and the form are available on the Division of Medical Assistance (DMA) website at

<http://www.ncdhhs.gov/dma/epsdt/>. Providers should not submit in-patient treatment reports (ITRs) or person centered plans (PCPs) with the request. This form should be sent to:

Director  
c/o Assistant Director for Clinical Policy and Programs  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501  
Fax: 919-715-7659

**Note:** A recipient under the age of 21 may receive a medically necessary service not included in the N.C. Medicaid State Plan **only** when the service may be covered under federal Medicaid law and when all EPSDT criteria are met, including when it will **correct or ameliorate** a diagnosed condition in accordance with federal Medicaid law at 42 U.S.C. § 1396d(a) and (r) of the Social Security Act. For more information about EPSDT, please review the EPSDT Policy Instructions Update Memo at <http://www.ncdhhs.gov/dma/provider/epsdthealthcheck.htm>.

#### **Reminder about Authorizations for Community Support Team, Intensive In-Home, Day Treatment, and Community Support Services for Providers Who Have Not Achieved CABHA Status**

As a reminder, per the Critical Access Behavioral Health Agency (CABHA) transition benchmarks outlined in Implementation Update (IU) #79, Intensive In-Home, Day Treatment, and Community Support service providers who did not successfully pass the Desk Review by September 30, 2010, will no longer receive initial or concurrent authorizations for these services after November 1, 2010. Remaining units on current authorizations will be allowed to be utilized so that discharge or transition can occur, but no new authorizations will be approved by ValueOptions, The Durham Center or Eastpointe local management entity (LME). Requests for these services, received on or after November 1, 2010 by providers who have not passed the Desk Review, will be returned as "Unable to Process."

Community Support Team, Intensive In-Home, Day Treatment, and Community Support service providers who do not successfully pass the Interview and Verification process by October 31, 2010, will no longer receive initial or concurrent authorizations for these services after December 1, 2010. Remaining units on current authorizations will be allowed to be utilized so that discharge or transition can occur, but no new authorizations will be approved by ValueOptions, The Durham Center or Eastpointe LME. Requests for these services received on or after December 1, 2010, by providers who have not passed the Interview and Verification process, will be returned as "Unable to Process."

Non-CABHA providers who have failed to meet the stipulated CABHA benchmarks are strongly encouraged to submit a discharge ITR for recipients who are transitioning to a CABHA. When submitting a discharge ITR, it must be submitted to the utilization review vendor that initially authorized the service. **ValueOptions, The Durham Center, and Eastpointe LME will end-date existing authorizations for non-CABHA providers for individual recipients when they receive an authorization request for the same services for that recipient from a CABHA, regardless of whether or not a discharge ITR has been received.**

#### **Psychiatric Residential Treatment Facilities and Free-Standing Psychiatric Inpatient Hospitals Updated Authorization Request Forms**

Please note that changes that have been made to the following forms:

- The Certificate of Need (CON) for Psychiatric Residential Treatment Facilities (PRTFs)
- The Certificate of Need (CON) for Inpatient Psychiatric Hospitalization
- The Criterion V Request and Instruction Forms

These revised forms can be accessed from DMA's website at <http://www.ncdhhs.gov/dma/services/inpatientbh.htm>.

The updated forms can also be accessed from the utilization review (UR) vendors' websites as follows:

- ValueOptions: [http://www.valueoptions.com/providers/Network/North\\_Carolina\\_Medicaid.htm](http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm)
- The Durham Center: [http://www.durhamcenter.org/index.php/provider/ur\\_resources/mhsa](http://www.durhamcenter.org/index.php/provider/ur_resources/mhsa)

- Eastpointe LME: [http://www.eastpointe.net/providers/providerforms/providerforms\\_main.aspx](http://www.eastpointe.net/providers/providerforms/providerforms_main.aspx)

These revised forms must be used for requests to UR vendors for dates of service January 1, 2011, and forward. Requests for Criterion V services submitted with the incorrect forms after January 1, 2011, will be returned as "Unable to Process."

### **Adverse Determination Notification Changes**

Adverse determination letters from ValueOptions, The Durham Center, and Eastpointe LME will no longer include alternate recommendations. Letters will advise that recipients may also be eligible for other Medicaid services and recipients may check with their physician, other licensed clinician, or provider to determine if other Medicaid services are appropriate.

If the provider believes that medical necessity exists for an alternate service and the recipient wishes the request submitted, the provider may submit the request at any time. **The adverse action outstanding remains in effect** and, if the recipient and/or legal representative disagree with that decision, they may appeal the decision to the Office of Administrative Hearings and the Department of Health and Human Services (DHHS) as described in the adverse notice.

If a provider calls customer service after the adverse notice has been mailed to request the alternate recommendations, they will be transferred to a clinical care manager, who may provide the requested information and may discuss appropriate clinical and educational issues relevant to the recommendations.

### **Additional System of Care Training Site Added**

An additional approved training, equivalent to the trainings noted in IU #73, has been added to provide System of Care training as required by the Day Treatment and Intensive In-Home definitions. The North Carolina Collaborative Training Institute ([www.nccti.org](http://www.nccti.org)) has launched a comprehensive online training site that offers specific courses designed to meet the required 11 contact hours of System of Care training.

The course titles that meet the required hours (all courses are required) are:

- CFT 101 – Introduction to System of Care and Child and Family Teams
- CFT 201 – Introduction to Child and Family Teams Coordination
- CFT 202 – Strengths, Needs, and Culture Discovery for Child and Family Teams
- CFT 203 – Creating Natural Supports through Child and Family Team Planning
- CFT 204 – Individualized Plan Development for Child and Family Teams

For more information or to access the training, visit [www.nccti.org](http://www.nccti.org)

### **Additional Information Regarding Training Requirements for Child and Adolescent Day Treatment, Intensive In-Home and Community Support Team Service Providers, Effective January 1, 2011**

Training required per the service definitions for Community Support Team (CST), Intensive In-Home (IIH) and Child and Adolescent Day Treatment (Day Tx) was originally outlined in Special Implementation Update #75, issued June 29, 2010. We are aware of how crucial it is to have the time needed to complete the transition to the new requirements, as well as to absorb the cost involved. We hope that the additional time CABHAs have had to prepare for these training requirements effective January 1, 2011 has been helpful in enabling CABHAs to meet the training requirements as of the dates published in the attachments to IU #75. The resources, requirements and updates for the new training are found here.

### **Resources for Person-Centered Thinking Training**

- The most comprehensive information on accessing the required 12 hour Person-Centered Thinking training by a trainer certified through the Learning Community for Person Centered Practices can be found here: <http://www.unc.edu/depts/ddti/pct-training.html>. There is also a link to this website on the Person-Centered Information page of the Division of Mental Health, Developmental Disability, and Substance Abuse Services' (DMH/DD/SAS) website: <http://www.ncdhhs.gov/mhddsas/pcp.htm>.
- Additional information can be found on the Learning Community website, found here: <http://www.learningcommunity.us/work.html>.

- Information on how to become a credentialed trainer for the two day, 12 hour Person-Centered Thinking curriculum can be found here: <http://www.learningcommunity.us/trainer.html>.

## **Requirements for Person-Centered Thinking Training**

### **1. Child and Adolescent Day Treatment Providers**

#### **Effective January 1, 2011**

- All new hires for Day Tx must receive 12 hours of Person-Centered Thinking (PCT) training within 90 days of hire, from a Learning Community for Person Centered Practices certified PCT trainer.
- Staff who previously worked in Day Tx for another agency and had six (6) hours of PCT training under the old requirement will have to meet the 12 hour requirement when moving to a new company.
- The 12 hour PCT training will be portable if an employee changes jobs any time after completing the requirement as long as there is documentation of such training in the new employer's personnel records.
- By March, 2011, the enhanced curriculum elements for the 12 hour PCT training, with a greater emphasis on recovery, will be available for use by certified PCT trainers.
- Day Tx staff who have already completed the prior requirement of the six (6) hour PCT training, and who have remained with the same agency, may either take the 12-hour course described above, or complete the additional six (6) hour PCT/Recovery training curriculum between January 1, 2011 and June 30, 2011 in order to meet the requirements. The curriculum elements for the six hour PCT/Recovery training will be:
  - developed by a group of stakeholders proficient in PCT and Recovery practices;
  - available from the Department by mid-December, 2010;
  - introduced no later than early January, 2011 via a statewide web-based training orientation.

### **2. Intensive In-Home and Community Support Team Providers**

#### **Effective January 1, 2011**

- All new hires for IIH and CST must receive 12 hours of PCT training within 90 days of hire, from a Learning Community for Person Centered Practices certified PCT trainer.
- Staff who previously worked in the same service (IIH or CST) for another agency and had six (6) hours of PCT training under the old requirement will have to meet the 12 hour requirement when moving to a new company.
- The 12 hour PCT training will be portable if an employee changes jobs any time after completing the 12 hour requirement, as long as there is documentation of such training in the new employer's personnel records.
- By March, 2011, enhanced curriculum elements for the 12 hour PCT training, with a greater emphasis on recovery, will be available for use by certified PCT trainers.
- For IIH and CST staff who have already completed the prior requirement of the six hour PCT training, and who remain with the same provider, the following timelines apply:
  - By March 31, 2011, existing IIH/CST leaders or by June 30, 2011, existing non-supervisory IIH/CST staff may take either the 12-hour course described above, or complete the additional six (6) hour PCT/Recovery training curriculum.
  - The curriculum elements for the six hour PCT/Recovery training will be:
    - developed by a group of stakeholders proficient in PCT and Recovery practices;
    - available from the Department by mid-December, 2010;
    - introduced no later than early January, 2011 via a statewide web-based training orientation.

## **Mental Health/Substance Abuse Targeted Case Management**

Mental Health/Substance Abuse (MH/SA) Targeted Case Managers who have already completed the prior requirement of the six hour PCT training, and who remain with the same provider, may count those six hours toward the 12-hour requirement. This change will be effective when the new six hour PCT/Recovery training curriculum elements become available in January 2011. All Targeted Case Management staff who are new to the provider agency are required to complete (or show evidence of having completed) the 12-hour PCT training as outlined in DMA Clinical Coverage Policy 8L. The 12 hour PCT training will be portable if an employee changes jobs any time after completing the 12 hour requirement, as long as there is documentation of such training in the new employer's personnel records.

## **Resources for Introductory Motivational Interviewing**

- Motivational Interviewing Network of Trainers (MINT) website is located at: <http://www.motivationalinterview.org/index.shtml>
- Motivational Interviewing Campus is a resource for measuring competency in Motivational Interviewing (MI). This site offers peer-to-peer support for MI practitioners to enhance skillfulness. The website is: <http://www.mi-campus.com/>

## **Requirements for Motivational Interviewing Training**

The requirements for MI training remain as previously outlined in the attachments to IU #75. In an effort to assist providers with the cost and availability of MI training by MINT trainers, the DMH/DD/SAS is in the process of negotiating a contract with the MINT organization to provide a North Carolina MINT Training for New Trainers (TNT) event that will accommodate 40 individuals who evidence proficiency in the practice of MI.

To assess the need for MI training across the state, before the end of the month, each CABHA will receive a link to a *Survey Monkey* questionnaire. This questionnaire will be open for a limited period of time and your prompt response is vital for an accurate assessment of need.

## **Requirements for Training in Evidence Based Practices**

The requirements for evidence best practices training remain as previously outlined in IU #73 and the attachments to IU #75. Licensed professionals (LP) who have documented evidence of post graduate training in the chosen qualifying practice (identified in the clinical coverage policy) dated no earlier than March 20, 2006 may count those training hours toward the 24 hour requirement. It is the responsibility of the LP to have clearly documented evidence of the hours and type of training received.

## **System of Care Training Options**

The requirements for System of Care training remain as previously outlined in the attachments to IU #73 and the attachments to IU #75. The designated training sites and curricula for meeting the 11 hours of System of Care training have been clarified. Providers may choose from one of the following face to face trainings:

- University of North Carolina at Greensboro and North Carolina State University, Introduction to Child and Family Team: A Cross System Training from the Family's Perspective.
- MeckCares course titles (all four courses are required):
  - (MCTI) CFT 101 – Introduction to System of Care and Child and Family Teams
  - (MCTI) CFT 201 – Introduction to Child and Family Teams Coordination
  - (MCTI) CFT 202 – Strengths, Needs, and Culture Discovery for Child and Family Teams
  - (MCTI) CFT 203 – Creating Natural Supports through Child and Family Team Planning
- In addition, as of October 1, 2010, the North Carolina Collaborative Training Institute offers a comprehensive online training site that includes specific courses designed to meet the required 11 contact hours of System of Care training. The course titles that meet the required hours (all courses are required) are:
  - CFT 101 – Introduction to System of Care and Child and Family Teams
  - CFT 201 – Introduction to Child and Family Teams Coordination
  - CFT 202 – Strengths, Needs, and Culture Discovery for Child and Family Teams
  - CFT 203 – Creating Natural Supports through Child and Family Team Planning
  - CFT 204 – Individualized Plan Development for Child and Family Teams

Provider staff who have documentation of having received the required training hours since January 1, 2007, will be deemed to have met this requirement.

For more information or to access the training, visit [www.nccti.org](http://www.nccti.org)

## **All Training**

DMA and DMH/DD/SAS want to encourage a spirit of collaboration among providers regarding the portability of the training. Qualified trainings provide certificates to the recipients that they can keep in their records and provide for their personnel records.

When provider agencies merge or acquire other agencies, the newly acquired staff may be considered as remaining with the same agency for purposes of meeting the training requirements.

Please note, that in all cases, the portability of training is a business decision made by the provider agency who is acquiring new hires based on policies, procedures and consideration of liability.

#### **Utilization Review for CAP/MR-DD Services**

The contract with the statewide utilization review vendor expires on January 19, 2011. Utilization review for CAP/MR-DD services will not be included in the new contract for whoever is chosen at the end of the bid process for a statewide vendor. These services will be returned to the local level. To this end, the DMA in collaboration with the DMH/DD/SAS recently sent out a request for response from qualified LMEs who are interested in providing utilization review functions for CAP/MR-DD services for recipients who reside in the LME's catchment area. Several LMEs expressed an interest in providing these services as evidenced by submission of proposal packets by the October 18, 2010 deadline. The proposal review was completed on Monday, October 25, 2010. Pathways and Crossroads have been selected to perform the CAP-MR/DD function, along with Eastpointe and The Durham Center. Counties not covered by these LMEs will be divided among them for performance of the CAP-MR/DD UR function.

#### **Residential Supports and Home Support Services for Individuals on the CAP/MR-DD Waiver**

Due to the number of individuals who will be affected by the implementation of the utilization review guidelines posted in IU #76 on July 7, 2010, a decision has been made to extend the transition period **specific to Residential Supports and Home Support services (direct contact hour requirements) to October 31, 2011. This extension serves to ensure there is no interruption in services.** Therefore, for issues **specific to Residential Supports and Home Support services (direct contact hour requirements)** there is no need to complete the extension/exception process at this time.

The REVISED *CAP-MR/DD Policy Requirements: Extension/Exception Request Form* and instructions are located at: <http://www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm>

#### **Rules for Critical Access Behavioral Health Agencies Posted**

The CABHA rules are now posted on Office of Administrative Hearings website (<http://www.ncoah.com/rules/>).

#### **Performance Bonds for Critical Access Behavioral Health Agencies**

The *NC DHHS Policies and Procedures for Critical Access Behavioral Health Agencies* (<http://www.ncdhhs.gov/mhddsas/cabha/>) requires CABHAs to obtain a performance bond within 30 days of certification or, for those CABHAs that were certified prior to the policy, within 30 days of the adoption of the policy. Implementation of this requirement has been delayed until further notice. Providers will be notified of the implementation of the requirement through the Medicaid Bulletin and the DHHS Implementation Updates.

#### **Peer Support Services Status**

Peer Support Services have been approved by the Center for Medicare and Medicaid Services (CMS). An implementation date has not been determined. Further information will be available in future correspondence.

Unless noted otherwise, please email any questions related to this Implementation Update to [ContactDMH@dhhs.nc.gov](mailto:ContactDMH@dhhs.nc.gov).

cc: Secretary Lanier M. Cansler  
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